CLAIMS ONLY

Application Number	Filing Date
10/679189	

Applicant(s)

03-16-06

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4			X	X		
5			X	X		
6			/	/		
7				/		
8				/		
9			=	=		
10			/			
11			X			
12			X	X		
13			X	X		
14			X			
15			/			
16			/			
17				/		
18				/		
19			/			
20				/		
21				/		
22				/		
23				/		
24				/		
25				/		
26				/		
27				/		
28			X	X		
29			X	X		
30			/			
31				/		
32			X			
33			X	X		
34			X	X		
35			X			
36			/			
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43						
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45						
46						
47						
48						
49						
50						
Total Indep			8			
Total Depend			15			
Total Claims			23			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						